PTO/S8/06 (08-03)
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U.S. Putent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	PAIL	NT APPLIC		for Form PTC			_10	1047	56	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SHALL ENTITY		OR	OTHER THAN SMALL ENTITY	
_	FOR NUMBER FILED MUMBER EXTRA					RATE	FEE		RATE	FEE
BAS	ICFEE						j	OR		٠
TOT	VTAL CLAIMS CCR 1,16(c) 9 minus 20 = .				× 8=		OR	Z 3*		
NDE	DEPENDENT CLAIMS OF CR 1.16(b) minus 3 °				× 3 -		OR	x 3•		
_				CFR 1.18(0))		+		OR	+5	
-		IT CLAIM PRESEN				TOTAL		OR	TOTAL	
. 2 0	ne dillerence in o	dumn 1 is less tha	n zero, ero	er To no consumo a	L	IUIAL		, ~		
	CL	AIMS AS AME	ENDED -	PARTI					otute	THAN
		(Cotumn 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
4 5		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total prestruce	19	Minus	20	•	x \$=		OR	X 5	
Z	Independent pr cfit 1.403	. 15	Minus	* 5		- x s		OR	x s•	
¥	FIRST PRESENT	ATION OF MALTIPU	E DEPENDE	IT CLADA (27 CF	R 1.10(d)	+5 -		OR	+s=	
						TOTAL ADOL FEE		OR.	TOTAL ADD'L FEE	
	7/10/01					·				
_	110106	(Column 1) CLAIMS	Т	(Column 2) HIGHEST	(Column 3)			ı	RATE	ADDL
T B		REMAINING AFTER	ŀ	NUMBER PREVIOUSLY	PRESENT	RATE	HODAL HODAL		RAIL	TIDNAL
AENT	Total	AMENDMENT	Minus	PAID FOR	- /		₽ÉE	_	x s=	7
ğ	to cus minor	<u>. M</u>	Minus	<u></u>	./	X 5	/	OR		/
AMENDM	traspendent dr cFR 1,160/g	5	<u> </u>	5	/	``	1	OR	x s	/
	PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFA 1.16(4))					TOTAL		OR	TOTAL	1
	0		•		•	ADDY FEE		OR	ADDLES	<u> </u>
K	MOT	(Column 1)		(Column 2)	(Column 3)				/_	·
2	1-16-07	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total	AMENDMENT 9	Minus	PAID FOR	5	x 8.	1	OR	x 5 2	
	(SF CFR L140/0) Independent (SF CFR L140/0)		Minus	-5	*	X 5			x 8	
AMEN	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+:		OR		
_	FORST PRESENTATION OF BULTURE OFFERDERS CLASS (37 CM 1.14(4))					TOTAL	 /	OR.	TOTAL ADD'L PEE	
		otumn 1 is less the Number Previous!	in the entre	in column 2 wi	in 'O' in outumn	ADD'L FEE	<u> </u>	× ~	AUG FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confiderability is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and cutomining the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.